Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS661HOS	A. BUILDING _____ B. WING _____	C 10/20/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHERN NEVADA ADULT MENTAL HEALTH	6161 WEST CHARLESTON BLVD LAS VEGAS, NV 89102

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Surveyor: 23119 This Statement of Deficiencies was generated as a result of a State licensure complaint investigation conducted in your facility on 10/19/09 and finalized on 10/20/09, in accordance with Nevada Administrative Code, Chapter 449, Hospitals. Complaint #NV00022294 was unsubstantiated with an unrelated deficiency cited. (See Tag S 050). Complaint #NV00022669 was unsubstantiated. Complaint #NV00022494 was unsubstantiated with an unrelated deficiency cited. (See Tag S 050). Complaint #NV00023291 was unsubstantiated. A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included. Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.	S 000		
S 050 SS=D	NAC 449.314 Quality of Care 1. A hospital must be administered in a manner that enables the hospital to use its resources	S 050		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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S 050	Continued From page 1 effectively and efficiently to meet the needs of and provide quality care to its patients. The governing body of a hospital shall develop and provide services for the care of its patients based on the identified needs of those patients. This Regulation is not met as evidenced by: Surveyor: 23119 Based on record review and interview the facility failed to ensure the accurate documentation of allergies for 1 of 7 patients (Patient #1) Patient #1 stated she had multiple medication allergies on admission. After the Advanced Practitioner of Nursing documented the patient was not allergic to certain medications, the medications remained written in red on the physician order sheets and remained on the pharmacy list of allergies. Severity: 2 Scope: 1	S 050		